

Case Number:	CM15-0048455		
Date Assigned:	03/20/2015	Date of Injury:	07/02/2010
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 39-year-old who has filed a claim for chronic low back reportedly associated with an industrial injury of July 2, 2010. In a Utilization Review Report dated March 3, 2015, the claims administrator failed to approve a request for repeat lumbar MRI imaging. A February 25, 2015 RFA form was referenced in the determination. The claims administrator also referenced office visits of February 17, 2015 and January 21, 2015 in the determination. The applicant's attorney subsequently appealed. On February 17, 2015, the applicant consulted a neurosurgeon. Ongoing complaints of low back pain radiating to the left leg were reported. The applicant exhibited questionable left lower extremity weakness with the remainder of the applicant's lower extremity motor function within normal limits. The applicant had undergone earlier multilevel lumbar discectomies, it was acknowledged. The applicant had lumbar MRI imaging of June 2014 demonstrating a right L5-S1 disk herniation impinging the descending nerve root. MRI imaging, aquatic therapy, massage therapy, physical therapy, and weight loss were endorsed. The attending provider did not state how the MRI in question would influence the treatment plan. On March 10, 2015, the applicant's primary treating provider (PTP) renewed Percocet. The applicant was returned to regular duty work. The attending provider stated that both he and the applicant's neurosurgeon were intent on the evaluating the applicant's lumbar spine anatomy. There was no mention of the applicant's willingness to consider any surgical intervention based on the outcome of the study.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 304.

Decision rationale: No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309 does recommend lumbar MRI imaging as the test of choice for applicant's who have had prior back surgery, as transpired here, this recommendation is, however, qualified by commentary made in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome on the same. The information presented seemingly suggested that the applicant and/or attending provider were intent on employing the study in question for academic or evaluation purposes, with no clear intention of acting on the results of the same. The attending provider ordered the lumbar MRI imaging in conjunction with orders for massage therapy and physical therapy, reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.